

WITH UNFADING INK
RECORD MUST BE MADE OF EACH, AND THE NUMBER OF EACH IN
ORDER OF BIRTH STATED.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 3202
Registered No. 335

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 302 Live Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donald Bray { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth July 29-1927
Month Day Year

8. FATHER Full name William Henry Bray 14. MOTHER Full maiden name Dottie C. Hoffman

9. Residence (Usual place of abode) Los Angeles Calif. 15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 21 (Years) 16. Color or race Cauc. 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Selma 18. Birthplace (city or place) Cozack-
(State or country) Calif. (State or country) Nebraska

13. Occupation Truck driver in 19. Occupation Housewife
Nature of industry Los Angeles Nature of industry

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 3:30 p. m. on the date above stated
(Born alive or stillborn.)

Signature Eyril M. Brown M.D. Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year

Filed Aug 11, 1927 C. E. Drinn Registrar

428-729-485